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ABSTRACT

This final report describes a demonstration project in Addison County, Vermont, to increase the capacity of families, educators, and other service providers to serve children and youth with serious emotional disturbances in their homes, schools, and community settings rather than in residential settings. The project developed, field-tested, and evaluated a model which emphasized a collaborative, family-centered approach for utilizing local and state interagency resources to address prevention, crisis intervention, and community planning for identified students and their families. Components of the project included a statewide advisory council; an interagency support team; individual student support teams; a community needs assessment; implementation of a community planning process for examining policy and practice issues that promote or interfere with maintaining the student within the community; and development of action plans for addressing identified needs, policies, and practices. Evaluation indicated improved child behavior and academic functioning, increased perceived family support, and satisfaction with services delivered through the interagency support team process. Technical assistance, training, and dissemination activities were also implemented. Individual sections of the report provide a summary of accomplishments and products by specific objective. Appendices provide additional documentation such as a description of the hiring process for the interagency support team and a list of dissemination products. (CR)

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Reducing Out-Of-Community Residential Programs by Improving Services to Children with Serious Emotional Disturbance and Their Families

FINAL REPORT

November 1, 1992 – October 31, 1995

The University Affiliated Program of Vermont
University of Vermont
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Burlington, Vermont 05405-0160

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TABLE OF CONTENTS

FINANCIAL STATUS REPORT..(copy)..... i
(original sent by Office of Grant and Contract Services 1/12/96)

ABSTRACT..... ii

I. **Overview**..... 1

II. **Summary of Accomplishments and Products by Objective**..... 2

Objective 1..... 2
Advisory Council..... 2

Objective 2..... 3
Notification of Project Funding..... 3
Interagency Suport Team Recruitment and Training Process. 4
Coordination Retreats & Meetings with State and Local Providers..... 4

Objective 3..... 5

Objective 4..... 6
Needs Assessment..... 7
Community Planning..... 8

Objective 5..... 9
Technical Assistance..... 9
General Trainings..... 11
Staff Supervision..... 11

Objective 6..... 12
Methods..... 12
Results..... 13
Project Evaluation Conclusion..... 15

Objective 7..... 15
Local and Statewide Dissemination Efforts..... 15
National Dissemination Efforts..... 16

APPENDIX A - Advisory Council Participants

APPENDIX B - Hiring Process for Interagency Support Team

APPENDIX C - Job Description for Interagency Support Team

APPENDIX D - Project Referral Form

APPENDIX E - Overview of Interagency Support Team Consultation Model

APPENDIX F - Dissemination Products

FINANCIAL STATUS REPORT

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(Short Form)

(Follow instructions on back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	OMB Approval No.	Page	of
U. S. Department of Education	USDE H237E20001-03	0348-0039	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

University of Vermont
Grant & Contract Accounting, Waterman Bldg.
Burlington, VT 05405

4. Employer Identification Number	5. Recipient Account Number or Identification Number	6. Final Report	7. Basis
03-0179440	0-25341	X Yes No	X Cash Accrual

8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
11/01/92	10/31/95	11/01/94	10/31/95

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$280,059.99	$148,382.42	$428,442.41
b. Recipient share of outlays	$0.00	$0.00	$0.00
c. Federal share of Outlays	$280,059.99	$148,382.42	$428,442.41
d. Total unliquidated obligations			$0.00
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$0.00
g. Total Federal share (Sum of lines c and f)			$428,442.41
h. Total Federal funds authorized for this funding period			$447,132.00
i. Unobligated balance of Federal funds (Line h minus line g)			$18,689.59

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	Provisional	Predetermined	Final	Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share
	8%	$137,391.13	$10,991.29	$10,991.29

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, nuumber & extension)
Rosemary J. Rathbun, Director, Grant & Contract Accounting	(802) 656-2986
Signature of Authorized Certifying Official	Date Report Submitted
Rosemary J. Rathbun	1-2-96

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ABSTRACT

The purpose of this model demonstration project was to increase the capacity of families, educators and other service providers to maintain children and youth with serious emotional disturbance in their homes, schools and other community settings. This project developed, field-tested and evaluated a model for utilizing local and state interagency resources which addressed prevention, crisis intervention and community planning issues to create and maintain stable environments for identified students and families. The model emphasized a collaborative, family-centered approach to service delivery.

The project was a collaborative effort of the public schools within Addison County, Vermont, the Counseling Services of Addison County (community mental health agency), Addison County Social Services (district office of Social and Rehabilitation Services), and the University Affiliated Program of Vermont at the University of Vermont. Model components include: a) a statewide Advisory Council; b) an Interagency Support Team consisting of representatives from the public schools, social services, mental health and a parent of a child with serious emotional disturbance; c) Individual Student Support Teams; d) a community needs assessment; e) implementation of a community planning process for examining policy and practice issues that promote or interfere with maintaining the student within the community; and f) development of action plans for addressing identified needs, policies and practices.

All aspects of the project were evaluated and information disseminated regularly to Advisory Council members and the entire county through newspaper announcements, project newsletters and direct mailings. Project staff also participated with other national clearinghouses as required by the RFP to regularly disseminate information throughout the country. Analysis of evaluation data indicate improved child behavior and academic functioning, increased perceived family support and satisfaction with services delivered through the interagency support team process.

The Addison County
Community Collaboration Project

1992 -1995

Final Report

I. Overview

The Addison County Community Collaboration Project was a collaborative effort between the University Affiliated Program of Vermont, the schools districts in Addison Northeast, Addison Central, and Addison Northwest Supervisory Unions, Addison County Social Services, and the community mental health agency serving Addison County Vermont. The purpose of this three year project involved the development and field testing of an interagency consultation model designed to increase the capacity of educators, families and service providers to prevent students with serious emotional disturbance from leaving their homes, schools and communities. Central to this purpose was the development of an **Interagency Support Team** (IST). The IST included a parent of a child with a serious emotional disturbance who served as the project's **Family Consultant**, an educator representing the three supervisory unions served as the **Education Consultant**, a representative from the district social services agency served as the **Social Services Consultant**, and an employee from the community mental health agency served as the project's **Mental Health Consultant**. Project funds supported these individuals to work as an interagency consultation team 20 hours each week to provide training and technical assistance to individual student support teams, and implement a community planning process. The objectives of this project were as follows:

Objective 1. To establish a project Advisory Council that includes students with serious emotional disturbance, parents of children with serious emotional disturbance, representatives of state and local agencies, and public school educators and administrators.

Objective 2. To establish an Interagency Support Team consisting of representatives from public schools, mental health and social services,

and a parent of a child with serious emotional disturbance. The purpose of this support team was to provide consultation and training in the development of prevention and crisis intervention services for students at risk for out of community residential placements.

Objective 3. To establish a Local Administrative Team consisting of leadership from the public schools, mental health and social services. The primary mission of this team is to support the activities of the Interagency Support Team relating to project goals and objectives.

Objective 4. To assess the needs of families, students and service providers and develop a process to prevent students placement outside the community.

Objective 5. To provide on-site technical assistance and inservice training to teams, programs, and agencies serving referred students and their families.

Objective 6. To evaluate each component of the project to assess the impact on students with serious emotional disturbance, their families, their educators and related services providers, their community service providers, and their community as a whole.

Objective 7: To disseminate information about the project components, model, and evaluation results on a local, statewide, and nation level. Recipients should include state and local administrators and policy makers from diverse agencies (i.e., mental health, education, social services), statewide and national parent organizations, front-line service workers, institutions of higher education, community organizers and representatives of other professional organizations.

II. Summary of Accomplishments and Products by Objective

Objective 1. To establish a project Advisory Council that includes students with serious emotional disturbance, parents of children with serious emotional disturbance, representatives of state and local agencies, and public school educators and administrators.

Advisory Council

An Advisory Council was established prior to project implementation and consisted of students with serious emotional disturbance, parents and other family members, regular and special

education teachers and administrators, representatives from state agencies including the Departments of Education, Mental Health and Social Services, as well as advocacy groups. The Council had its first meeting on Wednesday October 28, 1992 and its last meeting on Wednesday December 6, 1995. In addition, some Advisory Council members have been involved in regular project meetings depending on project needs. (See Appendix A for advisory council participants).

As the result of this project's Advisory Council meetings, several State level coordination activities were established to support project related activities and increase regular communication with advisory council members and the State Departments of Education, Mental Health and Social Services. Steve Broer, Project Coordinator, has been meeting monthly with officials from the Departments of Education and Mental Health. A technical assistance agreement was established with the State Department of Social Services to examine policy issues which developed as the result of the community planning process and individual student and family referrals. In addition, collaboration with the advisory council also resulted in a coordinated series of trainings with the Vermont Federation of Families for Children's Mental Health.

Objective 2. To establish an Interagency Support Team consisting of representatives from public schools, mental health and social services, and a parent of a child with serious emotional disturbance. The purpose of this support team was to provide consultation and training in the development of prevention and crisis intervention services for students at risk for out of community residential placements.

Notification of Project Funding

Upon notification of funding in early October, Wayne L. Fox, Project Director, and Steve Broer, Project Co-Coordinator, disseminated information about the model project to Advisory Council members, participating agencies at the State and local level, schools in Addison County, parent organizations and other community agencies of the project's funding and start up activities requiring agency and community participation.

Interagency Support Team Recruitment and Training Process

Acting within the affirmative action policies within each community agency, the Administrative Team advertised Interagency Support Team positions in regional and state newspapers, posted positions throughout the community, and functioned as the selection committee for Interagency Support Team positions (see Appendix B for Hiring Process Established for Interagency Support Team). Taking into account the various agencies' employment policies and the late notification of funding, the entire Interagency Support Team was not established and verified until February 1, 1993 (see Appendix C for Interagency Support Team Job Description. The Interagency Support Team members for this project were:

Sandy Laframboise
Parent Representative

Susan Provost
Education Representative

Frank Carruth
Mental Health Representative

Jennifer Prue
Social Services Representative

The Interagency Support Team attended the Vermont Wraparound Conference on February 5, 1993 which provided team members an opportunity to attend training sessions on Wraparound services as well as meet project Advisory Council members. Project staff later presented their interagency consultation model at the 1995 national Wraparound conference held in Vermont. Project staff also participated in a comprehensive staff development package that included training in the following competency areas: educational law, collaborative teaming and group process, conflict resolution, consultation to teams and organizations, and best educational practices for the inclusion of students with emotional and behavioral disabilities.

Coordination Retreats & Meetings with State and Local Providers

Project staff initiated several coordination retreats with state and local providers to ensure support for project objectives and identify strategies to support educators and other service providers. The first retreat was held with the Vermont interdisciplinary team for intensive

special education (I-Team). The I-Team serves students with severe special education needs throughout the state of Vermont. Project staff coordinated with two of the I-Team regions as well as presenting the project at a Statewide I-Team meeting. Project staff also participated in the Counseling Services of Addison County's Children Services retreat to coordinate efforts and to clarify the referral process from various children service programs in the region. Additional coordination meetings were held with the county's social services and education staff. It is believed that attention to the needs and experiences of existing education and human service agencies enhanced the utilization of project staff as resources to support the success of the existing system.

Objective 3. To establish a Local Administrative Team consisting of leadership from the public schools, mental health and social services. The primary mission of this team is to support the activities of the Interagency Support Team relating to project goals and objectives.

The Local Administrative Team for this project included:

Pat Messerle
Children's Director & Local
Interagency Team Coordinator
Counseling Services of Addison County

Sue Prager
District Director
Addison County Social Services

John Murphy
Special Education Coordinator
Addison Central Supervisory Union

Diane Treadway
Special Education Coordinator
Addison Northeast Supervisory Union

John Everitt (replaced JoAnn Canning)
Addison Northwest Supervisory Union

Throughout the project the Administrative Team meet regularly, beginning in October 1992, to establish consensus on project goals and the Interagency Support Team recruitment process. The Administrative Team identified its goal as assisting the Interagency Support Team and the community planning process and to address policy and procedural issues that affected implementation of support services within Addison County.

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At the beginning of the grant period, the Administrative Team met at least bi-weekly to develop consensus on a process for hiring Interagency Support Team members which included: 1) developing a job description, 2) outlining specific questions and case examples for interviews, and 3) conducting interviews with interagency representation. Sandy Laframboise, the Interagency Support Team's Parent Representative, was the first Interagency Support Team member employed and her first activity was to participate with the Administrative Team in the hiring process of other Interagency Support Team members. As project goals and objectives were clarified with the Administrative Team, meetings were held monthly throughout the duration of the grant. Project Staff and the Administrative Team developed a case review format to examine policy and practice issues associated with individual student referrals. The Administrative Team's support to this project was essential in developing the model and in providing training, consultation and community planning activities.

In addition to the Administrative Team, Addison County's Local Interagency Team, which consists of a wider representation of other service providers and parent groups in the community, agreed to function as a "*coordination link*" between project related activities and other community activities. Addison County's Local Interagency Team, which was established as the result of the Child and Adolescent Service System Program's (CASSP) initiative and is now required under Vermont's ACT 264, is exclusively concerned with issues relating to the needs of students with serious emotional disturbance and their families. Sandy Laframboise (Family Consultant) and Julie Welkowitz (Project Co-Coordinator) became regular members of Addison County's Local Interagency Team to ensure effective coordination and community participation in project related activities.

Objective 4. To assess the needs of families, students and service providers and develop a process to prevent students placement outside the community.

Needs Assessment

During the first year of this project, a significant amount of project time and resources were committed to implementing the initial phase of the **community planning process**. Based on input from the administrative team and a variety of community members, questionnaires were developed to identify existing strengths and needs in the community's ability to meet the needs of its children, youth and families. While many of the questions developed related to assessing the needs of children and youth with serious emotional disturbance, the assessment was also designed to consider the needs of all children, youth and families in the Addison County communities. Different versions of the survey were developed so that the questions were tailored to a variety of participant groups (e.g., children, adolescents, parents, educators, service providers, and other community members). Efforts were made to assess a wide range of people within the community as possible. In order to ensure that a representative community sample was obtained, demographic data regarding each town in Addison County was collected prior to the start of the needs assessment. These data were then used to assist in determining a representative sample for survey dissemination.

Project staff contacted schools, organizations and agencies (e.g., social services, mental health, parent groups, pediatricians, Chamber of Commerce, etc.) throughout the county to inform them of the project and to enlist their assistance in the Needs Assessment process. Surveys were then sent to these agencies for distribution to staff and service recipients. Questionnaires were either collected through the particular agency or were mailed directly back to project staff. For a select group of parents who belonged to a parent support group, direct interviews (face to face and phone) were conducted by the project's Family Consultant. These interviews were done because of the low response rate among parents to the surveys and concerns regarding literacy. In addition, this method enabled project staff to collect more comprehensive information from parents of children with emotional and behavioral problems.

In order to obtain information from elementary, middle, and high school students, focus forums were conducted within schools. Again, efforts were made to include as many schools as possible in this process. In addition to surveying students within the public schools children and

adolescents from private schools and alternative programs, (i.e., schools for students with serious emotional disturbance) were also interviewed. One focus from was also conducted specifically for students in state custody.

The resulting report (as reflected in the perspectives of a wide range of people within the Addison County) identified the strengths and gaps of the system in serving children and families. In general, the consensus of the community is that Addison county had a relatively strong network of services to support youth and families. One of the key features contributing to the success of existing services was reliance on interagency collaboration. It was felt that the system worked best when families, schools, and agencies were equal partners in designing and implementing supports for youth with serious emotional disturbance. In addition, it was the opinion of many parents that the school played an important role, not just in educating children, but in providing for the social and recreational needs of youth, as well as serving as a resource to parents.

Despite this strong foundation of services, it was clear that there continued to be gaps in the system that needed to be addressed. Across different respondent groups, three general areas of concern were repeatedly expressed: 1) financial difficulties and its impact on mental health and resource accessibility; 2) need for more substantive emotional support among students parents, educators and service providers; and 3) training needs associated with serious emotional disturbance. (See Appendix F for Addison County Needs Assessment).

Community Planning

As a result of the needs assessment process, project staff joined a large county-wide group of parents, educators and service providers to contribute results of the needs assessment as part of a regional planning process. This planning process involved submitting a competitive proposal to the State of Vermont for expansions of key services aimed at strengthening families and preventing out- of-home placements. Services funded through this community planning process resulted in Addison County receiving an expansion of their community mental health agency's emergency services by two full time staff members. New staff

formed an outreach crisis response team to work with other emergency service programs to prevent children from being placed out-of-home in State custody. Flexible funds were also secured to pay for individualized crisis support services. Another service funded involved a home-preschool coordinator for children ages 3-6. The mental health agency placed a mental health worker at a high need child day-care center to provide intensive outreach and in-home services for families with very young parents and/or those who are experiencing violence, alcoholism, or drug abuse. Total funding secured for this collaborative community proposal to prevent students from leaving their home schools and communities totaled $165,805.00.

Objective 5: To provide on-site technical assistance and inservice training to teams, programs, and agencies regarding individual students and broader system level issues.

Technical Assistance

Individual Student Referrals

For individual student referrals, the major criteria for acceptance included : 1) the student must be identified as having an emotional and/or behavioral disorder (as defined by either the special education definition or ACT 264 legislation); 2) the student must be at high risk of removal from his or her home, school, or community; 3) there must be a willingness on the part of those involved to work together as a team, with the objective of trying to maintain the student within the community. Referrals were accepted from students in grades kindergarten through 12th grade. A total of 12 individual students were directly served by this project.

Two project staff were assigned to each referral. Student referrals reflected three stages of intervention: 1) preventative, 2) immediate need or crisis, and 3) transition and reintegration. Interventions for individual students were based on the components of a "Wraparound" model of service delivery. That is, the planning process emphasized interagency participation, collaborative teaming, family partnerships, and strength-based individualized services. After the formation of an interagency team (inclusive of the student and family members), project staff assisted the

team in conducting a comprehensive ecological assessment to gather background and current information from all aspects of the student's life. Based on this information, a comprehensive plan was developed that capitalized on the student's areas of strength and addressed the needs of the student, the family, and the service providers. Resources were pooled from all of the involved agencies. Ongoing monitoring of the plans was maintained so that modifications could be made as necessary. The length of intervention varied according to the needs of the student and team. Most of the individual plans were not restricted to the academic year; that is the interventions included summer planning (i.e., summer camp, continued team meetings, family respite, tutoring, etc.). Weekly team supervision provided consultants with perspectives and expertise with all disciplines represented on this project (i.e., family, mental health, social services & education). This interdisciplinary format is described in more detail under **Staff Supervision**.

Organizational/System Referrals

There were two primary criteria for the acceptance of system level referrals: 1) the system's issues must impact on students with SED; 2) there must be a willingness to work in a collaborative teaming fashion. Organizational/systems referrals were received across different departments and agencies (i.e., special education, early education, mental health, etc.) and reflected diverse needs (i.e., program development, organizational communication, department restructuring).

Organizational referrals also made use of a collaborative teaming model with all key persons involved and meetings held on a consistent basis. Similar to the process for individual referrals, an initial comprehensive assessment was made to determine both the strengths and needs of the team members and the system involved. Creative problem solving techniques and the need for flexibility were emphasized in the planning process. Duration of intervention was dependent on need. (See Appendix D for Project Referral Form & Appendix E for Overview of Interagency Support Team Consultation Process).

General Trainings

In addition to the team-focused technical assistance described above, project staff offered topic focused trainings, according to request. Some of the trainings were offered to agency or group specific audiences (e.g., social services, mental health, special education, parent organizations), while others were organized for interagency groups. Skill and knowledge based training topics included: collaborative teaming, conflict resolution, development of coordinated service plans, state policies that influence planning processes for students with SED, and service systems overview. Follow-up consultation to these groups was provided on an as needed basis. An interagency regional conference was also organized for the purpose of sharing information about regional programs and services and to engage in a dialogue about community needs and coordination of services.

The most extensive training event was a two day statewide conference for parents of children and youth with SED, organized in coordination with the Vermont Federation of Families for Children's Mental Health. This training was particularly directed towards parents interested in becoming family advocates. Content issues included information on emotional and behavioral disabilities, effects of a child's disability on the family, dealing with personal biases, cultural competence, team building skills, and developing advocacy skills. The format of this conference has been integrated into a statewide curriculum delivered by the Federation of Families and Trinity College.

Staff Supervision

A peer supervision model was used to support staff with respect to all project activities. Each week, there was a three hour staff meeting, half of which focused on specific referrals, and the other half concerned general project issues. This was a critical component of the consultation process as it allowed for interagency perspectives (as well as general reflection) on technical assistance and training efforts. The supervision process also served as a model for collaborative consultation as it relied on a collaborative teaming process where all staff members had equal input into and responsibility for project activities and most decisions were made on a consensus basis.

Objective 6. To evaluate each component of the project in order to assess the impact on students with serious emotional disturbance, their families, educators and other community service providers.

Methods

Project evaluation involved both quantitative and qualitative methods for determining outcomes for students and families served by this project. Assessment involved tracking the placement of identified students in their homes, schools and communities, identifying their emotional and academic adjustment over time, and determining families' perceived level of support. In addition, students, families and service providers were asked about their satisfaction with services and the teaming process.

Evaluation Measures

With respect to the quantitative evaluation, the following measures were given on a pre and post basis:

1) Demographic Survey: assesses socio-economic indicators with respect to the families of identified students

2) Child Behavior Checklist (Achenbach, 1991); Teacher Report Form (Achenbach, 1991), Youth Self Report (Achenbach, 1991): behavioral checklists used to obtain a global assessment of emotional and social functioning of identified students

3) Family Support Scale (Dunst, 1988): a measure of perceived family support completed by the families participating in the project. This is five point likert scale measure.

4) Academic records: attendance, suspensions, academic performance and achievement scores.

5) *Parent Satisfaction Survey; *Youth Satisfaction Survey: assesses satisfaction with all services received.

7) *Teaming Questionnaire: assesses satisfaction with the teaming process and interagency collaboration; completed by all team members. This is five point likert scale measure.

8) *Consultation Satisfaction Questionnaire: assesses satisfaction specifically with the services of project staff; completed by all team members. This measure was only administered on a post intervention basis. This is five point likert scale measure.

9) *Training Satisfaction Questionnaire: assesses participants satisfaction with content, organization, delivery and relevance of training. This measure was only administered on a post training basis. This is seven point likert scale measure with additional open-ended questions.

* Designed specifically for this project

The qualitative component of the evaluation consisted of semi-structured interviews with all team members of three select students to explore systems issues in a more in-depth fashion. Specific semi-structured interviews were developed for parents, educators, special educators, administrators and students. Interview questions assessed different levels of the system (i.e., individual, family, school, community, and cultural) with respect to influences on the inclusion of students with serious emotional disturbance. As a means for influencing policy and practice change, results from the quantitative and qualitative analyses were shared with the project's administrative team and statewide advisory council at the last advisory council meeting in December of 1995.

Results

Quantitative

According to the data from the Achenbach behavior checklists, significant pre-post differences ($p < .01$) were noted only with respect to teacher perceptions. In particular, significant decreases were reported on scales relating to externalizing problems (e.g., aggressive behavior, delinquency). No significant change scores were noted for the Internalizing scales on the Teacher Report Form, nor for any of the broad-band scales of the parent and youth versions of the Achenbach Behavior Checklist. Data on academic performance is yet to be analyzed.

Based on the data from the Family Support Scale, there was a trend towards increased social support from both informal (i.e., extended family, friends) and professional resources. While this change score did

not meet the traditional p=.05 cut-off, the p score of .10 is significant for this small sample size. Significant increases at $p < .05$ were also found with respect to almost all individual items on the Parent Satisfaction measure. Regarding teaming, parents felt more listened to, more involved in decision-making, more respected by other team members, experienced more equality as a team member, and attended more meetings, and were satisfied with their child's progress. Increases in overall satisfaction and satisfaction with their family situation were noted at the $p \leq .10$ level.. On the Youth Satisfaction Measure, the only significant item was an increase in perceived choice of services ($p < .05$). Overall, there was a high degree of satisfaction with project involvement from youth, parents, educators, and other service providers. On a 1-5 likert scale of Consultation Satisfaction, the mean group scores were as follows: parents 4.1; youth 5.0, regular educators 4.4, special educators, 4.3.

In terms of educational placement, at the time of referral, 10 students were served in their regular public school mainstream program, 1 was home-schooled, and 1 was served in an alternative education program within the regular public school. At the end of the project, 10 students were served within the regular public school, one was in an alternative education program, and one student was placed in a residential school.

Results from the Training Satisfaction Questionnaire indicate a high degree of overall satisfaction with individual workshops. Participants valued training that provided opportunities for interagency dialogue regarding interagency coordination and policy and practice issues.

Qualitative

The qualitative interviews complemented the above results. Consistent pro-active team meetings were viewed as a critical component in the success of a student's planning effort. Parents emphasized the importance of being viewed as an equal team member, with equal decision-making power. Those efforts that were most successful were the ones where considerable support was given to the direct providers (i.e., families, teachers, individual assistants, mental health workers, social

workers). Interagency composition on the team, willingness to share resources, and flexibility in planning were also associated with a greater likelihood of student success. The nature of the student's behavioral disability did not appear to be predictive of outcome.

Project Evaluation Conclusion

Based on these results, it is clear that the interagency consultation model has the potential for being an effective use of resources for supporting children and adolescents with severe emotional disturbance within their local schools and communities. In this time of limited funding for education and human services, we can no longer afford to operate as independent agencies, each developing and implementing separate plans for youth and families. Through this model, agencies and families are encouraged to work together, building the capacity of direct line workers and maximizing the resources within a community. By developing different staffing patterns, promoting a team approach, and maximizing resources across agencies, this project has demonstrated an alternative model for communities throughout Vermont and the nation to consider when designing and implementing their own interagency system of support.

Objective 7: To disseminate information about the project components, model, and evaluation results on a local, statewide, and nation level. Recipients should include state and local administrators and policy makers from diverse agencies (i.e., mental health, education, social services), statewide and national parent organizations, front-line service workers, institutions of higher education, community organizers and representatives of other professional organizations.

Dissemination efforts include the following:

Local and Statewide Dissemination Efforts

* A project brochure was printed to provide general information to potential referral sources within the community (i.e., community mental health centers, social services, local schools, administrative team members, families, advisory council members). It was also

distributed to persons throughout the state and nationally who were interested in developing innovative models of service delivery for students with SED (i.e., at statewide and national trainings and conferences on SED). (See Appendix F).

* Project newsletters were disseminated throughout Vermont to all building principals, special education coordinators, community mental health children's coordinators, social service directors, the State Interdisciplinary Team for Special Education, families, and advisory council members. In addition, project newsletters were distributed at national conferences. These newsletters provided updates on project activities and upcoming events. (See Appendix F).

* Publications in other statewide newsletters: 1) The Addison County District Director of Social Services published an article in a Human Services newsletter (New Directions) providing descriptive information about the Collaboration Project. 2) Another article describing project activities was published in a statewide newsletter by the Interdisciplinary Team for Special Education.

* The results of the Addison County Community Needs Assessment was disseminated to a wide range of community leaders and families throughout Addison County, as to state representatives in the Departments of Education, Mental Health, and Social Services. (See Appendix F).

* Project staff created a community resource book which describes existing services for children and families in Addison County and the state if Vermont. This book was used as a resource for the interagency support team, as well as directly by the families served by this project.

National Dissemination Efforts

* The Addison County Community Collaboration Project was presented at the start of each project year at the Third, Fourth, and Fifth Annual Virginia Beach Conferences for Children and Adolescence with Emotional and Behavioral Disorders. The audience was composed of individuals from diverse disciplines. Initially, a descriptive overview of the project components was provided. In the latter years, results from the project evaluation were also shared.

* Project staff presented with other educators and mental health providers at the South Carolina national Rethinking Our Challenge Conference for Children and Youth with SED.

* Recipients of project services (i.e., a building principal and a school mental health clinician) combined with project staff to discuss project

outcomes at the Third National Wraparound Conference in Burlington, Vermont. The audience was a diverse group representing a variety of child and family based agencies and organizations.

* A project overview and evaluation data were presented annually for each year of the project at the Children's Research Conference in Tampa, Florida, sponsored by the University of South Florida. The audience again represented multiple agencies serving children with emotional and behavioral challenges and their families. (See Appendix F).

* A project manual describing the interagency consultation and training model, as well as the community planning process is being developed for distribution through the University of Vermont.

Appendix A

Advisory Council Participants

First Name	Pat
Last Name	Messerle
Address 1	CSAC
Address 2	89 Main Street
City	Middlebury, VT
Zip	05753
phone #	388-6751

First Name	John
Last Name	Burchard
Address 1	Department of Psychology
Address 2	University of Vermont
City	Burlington, VT
Zip	05405
phone #	656-2670

First Name	Charlie
Last Name	Biss
Address 1	Dept. of Mental Heath
Address 2	103 South Main Street
City	Waterbury, VT
Zip	05676
phone #	241-2623

First Name	Jean
Last Name	McCandless
Address 1	Social & Rehab. Services
Address 2	103 South Main St.
City	Waterbury, VT
Zip	05676
phone #	241-2131

First Name	Heidi
Last Name	Reposa
Address 1	PO Box 55
Address 2	
City	Richmond, VT
Zip	05477
phone #	

First Name	Richard
Last Name	Boltax
Address 1	Vermont Dept. of Education
Address 2	120 State Street
City	Montpelier, VT
Zip	05620-2501
phone #	828-3141

First Name	Dennis
Last Name	Kane
Address 1	Vermont Dept. of Education
Address 2	120 State Street
City	Montpelier, VT
Zip	05620
phone #	828-3141

First Name	Robert
Last Name	McHugh
Address 1	RR1, Box 3982
Address 2	
City	Swanton, VT
Zip	05488
phone #	868-7311

First Name	Rich
Last Name	Reid
Address 1	Peoples Academy
Address 2	Copely Avenue
City	Morrisville, VT
Zip	05661
phone #	888-6723

First Name	Sue
Last Name	Prager
Address 1	Addison County Social Services
Address 2	84 Exchange St.
City	Middlebury, VT
Zip	05753
phone #	388-4660

First Name	Tricia
Last Name	Brett
Address 1	Social & Rehab. Services
Address 2	20 Houghton Street
City	St. Albans, VT
Zip	05478
phone #	527-7741

First Name	Steve
Last Name	Dale
Address 1	Social & Rehab. Services
Address 2	103 South Main St.
City	Waterbury, VT
Zip	05676
phone #	241-2131

First Name	John
Last Name	Murphy
Address 1	Addison Central S.U.
Address 2	Charles Avenue
City	Middlebury, VT
Zip	05753
phone #	388-9712

First Name	JoAn
Last Name	Canning
Address 1	Addison Northwest S.U.
Address 2	185 Main Street
City	Vergennes, VT
Zip	05491
phone #	877-2880

First Name	Sheila
Last Name	Renfrew
Address 1	VT Parent Information Ctr.
Address 2	1 Mill St. STE A7
City	Winooski, VT
Zip	05401-1531
phone #	658-5315

First Name	Judy
Last Name	Sturtevant
Address 1	VT. Federation of Families
Address 2	RD2, Box 770
City	Morrisville, VT
Zip	05661
phone #	223-4917

First Name	Diane
Last Name	Treadway
Address 1	Addison N.E. S.U.
Address 2	9 Airport Drive
City	Bristol, VT
Zip	05443
phone #	453-3673

First Name	Bill
Last Name	Rich
Address 1	Main Street Middle School
Address 2	170 Main Street
City	Montpelier, VT
Zip	05602
phone #	223-3404

First Name	Mike
Last Name	Pierce
Address 1	Main Street Middle School
Address 2	170 Main Street
City	Montpelier, VT
Zip	05602
phone #	223-3404

First Name	Charlie
Last Name	Caitlin
Address 1	Main Street Middle School
Address 2	170 Main Street
City	Montpelier, VT
Zip	05602
phone #	223-3404

First Name	Bonnie
Last Name	Allen
Address 1	Washington County Mental Health
Address 2	9 Heaton Street
City	Montpelier, VT
Zip	05602
phone #	229-0586

First Name	Maureen
Last Name	Halnon
Address 1	CSAC
Address 2	89 Main Street
City	Middlebury, VT
Zip	05753
phone #	388-6751

First Name	David
Last Name	Gordon
Address 1	Highgate Schools
Address 2	School Street
City	Highgate Ctr., VT
Zip	05459
phone #	868-4170

First Name	Bill
Last Name	Wakefield
Address 1	Woodside Juvenile Rehab. Center
Address 2	26 Woodside Drive East
City	Colchester, VT
Zip	05446
phone #	

First Name	Peggy
Last Name	O'Neil
Address 1	Franklin-Grand Isle Mental Health
Address 2	8 Ferris Street
City	St. Albans, VT
Zip	05478
phone #	

Appendix B

Hiring Process for
Interagency Support Team

Hiring Process

Interagency Support Team

1. Develop Job Description with representatives from Local Interagency Team (IST) and project management subcommittee.

2. Develop newspaper classified and posting to be disseminated in regional and state newspapers and public buildings in community .

3. Review applications with project management subcommittee and schedule 2 step interviews.

Step 1

Applicant Administrative Interview: Applicants identified by project management subcommittee for position(s) considerations will be contacted for administrative interview which involves participation from the entire project management subcommittee. This interview will identify applicants most qualified to fill Interagency Support Team positions as Family Consultant, Education Consultant, Social Services Consultant and Mental Health Consultant. This interview will utilize three different case examples of students with serious emotional disturbance and assess applicants ability to identify issues and strategies to support these students and families. Specific questions will be asked of all applicants to assess their commitment to inclusion of students in school and community as well as consultative skills and skills in related field.

Step 2

Applicant Screening Interview: Applicants will meet with a family of a child with a severe emotional disturbance in this community who has agreed to interview applicants to assess his/her: sensitivity to families of children with severe emotional disturbance, approach to working with families (i.e. degree of family centered practices) and overall comfort level with applicants in specific positions.

All applicant who are seriously considered for IST positions will sign a waiver for criminal record check and provide references which will be called upon to confirm prospective applicants work performance and good standing within profession. Project management subcommittee representatives will offer position to successful applicant and negotiate contract through individual agency.

Interview Questions
Interagency Support Team
DRAFT -[Revised-1/20/93]

For All Applicants

1. What are your thoughts on educating all children, including those with Serious Emotional Disturbance (SED), in general education classrooms in local public schools.

2. What kind of supports would need to be available for students with severe disabilities, including students with SED, to be successful in general education classes in local public schools and in their communities?

3. What are the potential areas that would cause the greatest problems between families and agencies and what suggestions would you make for addressing these problems.

4. What were your impressions from the three case examples you were provided? How do you think the Interagency Support Team might function in these instances? **Follow-up probes:** How do you think the Interagency Support Team should proceed? What process should they go through? Who should they work with? What structure would you use for working with the school and other agencies? What questions would you ask? How do you think those questions will be answered? What would you leave the referral source with?

5. In general, what kinds of skill based programs are you familiar with for both children and adults and which ones do you find effective and with whom? **Follow-up probe:** Are you familiar with the collaborative teaming model? If so, what are your thoughts on its effectiveness?

6. What do you think about the use of punishment procedures (e.g., time out, contingent exercise, suspension, detention, corporal punishment, response cost) in general education, home and community settings?

7. How should students and their families be involved in program planning and decision-making process within education, home and community settings? Give some examples.

8. Have you personally worked to integrate a students with SED into general education, home and community settings? Tell us about the experience?

9. Have you had any experience with broad community planning activities and are you familiar with the process of consensus building among individuals with divergent views?

10. Are you familiar with the various educational and community resources in this community? Please explain?

11. Have you any experience with establish community based crisis management plans to support students and families in crisis to stay in their home schools and communities? Explain.

12. What do you view as being the most important form(s) of support parents of students with SED value.

13. Please describe your understanding of Vermont's efforts to include students with SED in their schools, homes and communities?

For FAMILY CONSULTANT Applicants

1. What are your views on child and family advocacy? What strategies have you found effective?

2. Do you have any regional, state or national affiliation with other family support organizations in this region.

3. What do you think professionals can learn from parents and families?

4. What consultative approach would you use to assist a planning team (composed of a student's parents, educators, and related service providers) who are in conflict over the student's educational and community placement?

5. What supports do you think are essential for families to be successful in maintaining students with SED in their home schools and communities?

6. What unique contribution do you think you can make as a Family Consultant on the Interagency Support Team?

For EDUCATION CONSULTANT Applicants

1. Are you familiar with Best Educational Practices literature on meeting the needs of students. What are your thoughts?

2. Can you provide us with some examples of classroom accommodations to support students in acquiring and demonstrating skill and knowledge?

3. Please provide us with a summary of your consultation experience and your approach to supporting educators in a consultative situation.

4. What consultative approach would you use to assist a planning team (composed of a student's parents, educators, and related service providers) who are in conflict over the student's educational and community placement?

5. What kinds of instructional methods have you found effective in supporting students with disabilities, particularly students with behavior problems. Possible

responses: (e.g., cooperative learning, whole language, peer tutoring, drill & practice, incidental teaching, computer assisted instruction, etc.)

6. What are your thoughts on the variety of instructional groupings in meeting individual student needs. For example, small group, large group, multi-aged groups, cooperative group, individual instruction.

7. What kinds of instructional materials have you found effective in matching individual students needs & in incorporating materials into ongoing activities. **Possible responses:** (e.g., real item, photography, drawings, work sheet, textbooks, audio visuals, etc.).

8. Can you tell us about your experiences in teaching goals from different curriculum areas through the same group activity. For example, during a group social studies activity some students may have a primary goal of learning the social studies content while other have the primary goal of learning language, communication, or social skills.

9. What supports do you think are essential for educators to be successful in maintaining students with SED in their home schools and communities?

10. What unique contribution do you think you can make as a Education Consultant on the Interagency Support Team?

For SOCIAL SERVICES CONSULTANT Applicants

1. What role do you see social services consultation playing in schools and how should social services be coordinated with a students educational and community program.

2. What consultative approach would you use to assist a planning team (composed of a student's parents, educators, and related service providers) who are in conflict over the student's educational and community placement?

3. Are you familiar with Vermont's child protection statutes? Please explain?

4. What supports do you think are essential for social services professions to be successful in maintaining students with SED in their home schools and communities?

5. What unique contribution do you think you can make as a Social Services Consultant on the Interagency Support Team?

For MENTAL HEALTH CONSULTANT Applicants

1. What role do you see community mental health consultation playing in schools and how should mental health services be coordinated with a students educational and community program.

2. What consultative approach would you use to assist a planning team (composed of a student's parents, educators, and related service providers) who are in conflict over the student's educational and community placement?

3. Do you know how to follow Medicaid guidelines for documenting services?

4. What supports do you think are essential for mental health professions to be successful in maintaining students with SED in their home schools and communities?

5. What unique contribution do you think you can make as a Mental Health Consultant on the Interagency Support Team?

Appendix C

Job Description for
Interagency Support Team

Newspaper Advertisement

Draft: 12/07/92

Family Consultant, Education Consultant, Mental Health Consultant, and Social Services Consultant

Four positions available to form an **Interagency Support Team** which is part of a model demonstration project designed to supplement existing community services in efforts to maintain children and youth experiencing a severe emotional disturbance within their homes, schools, and communities. This project is a collaborative effort between Addison Northeast, Addison Central and Addison Nothwest Supervisory Unions, Counseling Services of Addison County, Addison County Social Services and the University of Vermont. Each contracted positions is for 2.5 days per week . Master's degree in psychology, social work, special education or related field with experience in severe emotional disturbance, consultation and training required. Formal degree not necessary for Family Consultant position. Qualifications for Family Consultant position involve experience as a parent and/or primary care provider of a child or youth with a severe emotional disturbance. **Send Resume and cover letter to:**

Barbara Rachelson, M.S.W.
Addison County
Local Interagency Team
89 Main Street
Middlebury, VT 05753

POSTING

Position: ***Family Consultant***
(Contracted: 2.5 Days/Week)

Send Resume To: **Barbara Rachelson, M.S.W.**
Addison County Local Interagency Team
89 Main Street
Middlebury, VT 05753

To be part of an **Interagency Support Team** serving three supervisory unions in Addison County which is designed to supplement existing community services in their efforts to maintain children and youth experiencing a severe emotional disturbance within their homes, schools, and communities.

Description:

The **Interagency Support Team** includes: a) One Family Consultant who is a parent of a child experiencing a severe emotional disturbance, b) One Education Consultant representing Addison Northeast, Addison Central and Addison Northwest Supervisory Unions, c) One Mental Health Consultant representing Counseling Services of Addison County, and d) One Social Services Consultant representing Addison County Social Services.

1. Assist schools and human service agencies in establishing and supporting Individualized Student Planning Team which involve parents and interagency representatives who are responsible for wrapping services around identified students and their families.

2. Provide consultation, training, and technical assistance to teams and agencies serving referred students;

3. Participate in pre-service and in-service training curriculum to be delivered throughout the county;

4. Collaborate with other project staff to develop and implement a comprehensive project evaluation and dissemination plan;

5. Collaborate with other project staff in the *Community Planning* process;

6. Assume other responsibilities as required.

Qualifications:

Family Consultant Position

Experience as a parent and/or primary care provider of a child or youth with a severe emotional disturbance. Experience in a consultation and training role. Excellent written and oral communication skills. Willing to work as part of a collaborative team.

POSTING

Position: ***Education Consultant***
(Contracted: 2.5 Days/Week)

Send Resume To: **Barbara Rachelson, M.S.W.**
Addison County Local Interagency Team
89 Main Street
Middlebury, VT 05753

To be part of an **Interagency Support Team** serving three supervisory unions in Addison County which is designed to supplement existing community services in their efforts to maintain children and youth experiencing a severe emotional disturbance within their homes, schools, and communities.

Description:
The **Interagency Support Team** includes: a) One Family Consultant who is a parent of a child experiencing a severe emotional disturbance, b) One Education Consultant representing Addison Northeast, Addison Central and Addison Northwest Supervisory Unions, c) One Mental Health Consultant representing Counseling Services of Addison County, and d) One Social Services Consultant representing Addison County Social Services.

1. Assist schools and human service agencies in establishing and supporting Individualized Student Planning Team which involve parents and interagency representatives who are responsible for wrapping services around identified students and their families.

2. Provide consultation, training, and technical assistance to teams and agencies serving referred students;

3. Participate in pre-service and in-service training curriculum to be delivered throughout the county;

4. Collaborate with other project staff to develop and implement a comprehensive project evaluation and dissemination plan;

5. Collaborate with other project staff in the *Community Planning* process;

6. Assume other responsibilities as required.

Qualifications:

Education Consultant Position

Master's degree in education with at least two years experience in the area of severe emotional disturbance. At least two years experience in a consultation and training role. Excellent written and oral communication skills. Willing to work as part of a collaborative team.

POSTING

Position: ***Mental Health Consultant***
(Contracted: 2.5 Days/Week)

Send Resume To: **Barbara Rachelson, M.S.W.**
Addison County Local Interagency Team
89 Main Street
Middlebury, VT 05753

To be part of an **Interagency Support Team** serving three supervisory unions in Addison County which is designed to supplement existing community services in their efforts to maintain children and youth experiencing a severe emotional disturbance within their homes, schools, and communities.

Description:
The **Interagency Support Team** includes: a) One Family Consultant who is a parent of a child experiencing a severe emotional disturbance, b) One Education Consultant representing Addison Northeast, Addison Central and Addison Northwest Supervisory Unions, c) One Mental Health Consultant representing Counseling Services of Addison County, and d) One Social Services Consultant representing Addison County Social Services.

1. Assist schools and human service agencies in establishing and supporting Individualized Student Planning Team which involve parents and interagency representatives who are responsible for wrapping services around identified students and their families.

2. Provide consultation, training, and technical assistance to teams and agencies serving referred students;

3. Participate in pre-service and in-service training curriculum to be delivered throughout the county;

4. Collaborate with other project staff to develop and implement a comprehensive project evaluation and dissemination plan;

5. Collaborate with other project staff in the *Community Planning* process;

6. Assume other responsibilities as required.

Qualifications:

Mental Health Consultant Position

Master's degree in psychology, social work or related field with at least two years experience in the area of severe emotional disturbance. At least two years experience in a consultation and training role. Excellent written and oral communication skills. Willing to work as part of a collaborative team.

POSTING

Position: ***Social Services Consultant***
(Contracted: 2.5 Days/Week)

Send Resume To: **Barbara Rachelson, M.S.W.**
Addison County Local Interagency Team
89 Main Street
Middlebury, VT 05753

To be part of an **Interagency Support Team** serving three supervisory unions in Addison County which is designed to supplement existing community services in their efforts to maintain children and youth experiencing a severe emotional disturbance within their homes, schools, and communities.

Description:
The **Interagency Support Team** includes: a) One Family Consultant who is a parent of a child experiencing a severe emotional disturbance, b) One Education Consultant representing Addison Northeast, Addison Central and Addison Northwest Supervisory Unions, c) One Mental Health Consultant representing Counseling Services of Addison County, and d) One Social Services Consultant representing Addison County Social Services.

1. Assist schools and human service agencies in establishing and supporting Individualized Student Planning Team which involve parents and interagency representatives who are responsible for wrapping services around identified students and their families.

2. Provide consultation, training, and technical assistance to teams and agencies serving referred students;

3. Participate in pre-service and in-service training curriculum to be delivered throughout the county;

4. Collaborate with other project staff to develop and implement a comprehensive project evaluation and dissemination plan;

5. Collaborate with other project staff in the *Community Planning* process;

6. Assume other responsibilities as required.

Qualifications:

Social Services Consultant Position

Master's degree in psychology, social work or related field with at least two years experience in the area of severe emotional disturbance. At least two years experience in a consultation and training role. Excellent written and oral communication skills. Willing to work as part of a collaborative team.

Appendix D

Project Referral Form

Addison County
Community Collaboration Project

Interagency Support for Children, Families and Service Providers

PARENT
PROJECT SUMMARY & CONSENT FORM

Project Summary

The U. S. Department of Education has funded a three-year project in Addison County to support the needs of students with emotional and behavioral problems and their families. This project is a joint effort between the school districts in Addison Northwest, Addison Central and Addison Northeast Supervisory Unions, Addison County Social Services, the Counseling Services of Addison County, and the University Affiliated Program of Vermont at UVM. Project staff consist of representatives from these agencies serving as a family consultant, education consultant, social services consultant and mental health consultant. Their primary goal is to assist families, educators and services providers to maintain children and youth with emotional and behavioral problems in their homes, schools and communities. In order to do this, project staff will provide consultation and training to individual student support teams. Student referrals (such as this one) can come from any one of these agencies or directly from families.

This project will be supervised by trained personnel at all times. Staff efforts to assist your child will be through an existing or newly formed team. This team will be composed of representatives from relevant agencies and yourself. The project's involvement with your child and community agencies will be time limited and time will be negotiated with your child's individual team. This project will evaluate the progress of your child and the interagency team at various points through need and social support satisfaction surveys, and child behavior measures. Some of the questions that are asked may be sensitive. However, information will be kept confidential and you do not have to answer any questions that make you feel uncomfortable. All assessment materials and surveys will be kept confidential and secured in a locked file cabinet, available only to project staff. Your child's records may be reviewed by the project team and a separate consent form will be provided should that be necessary.

Please See Back For Consent

The University Affiliated Program of Vermont • Addison County Community Collaboration Project
Office: 160 East Street New Haven, VT 05472-9305 802-453-3384

Parent Consent

I have been informed that this project is part of a research program and that some information may be published. I understand that my family's name will not be used at any time and that all records and information will be kept confidential. The referral process for project services has been explained to me and I understand that an Administrative Team representing education, social service and mental health will be involved in determining eligibility of this referral for project services. If this referral does not meet project requirements for direct consultation, I understand that project staff will provide the referral source with recommendations for other community resources to consider in meeting identified needs. I understand that there are no expected risks involved with my participation in this project.

I understand that this project will evaluate the progress of our child and the interagency team at various points through need and social support satisfaction surveys and child behavior measures. Some of the questions that are asked may be sensitive. However, I understand that information will be kept confidential and I do not have to answering any questions that make me uncomfortable.

Under the following legal circumstances, I understand that information concerning me and my family may be released <u>without</u> my permission:

- Court order
- Valid medical emergency
- Evidence to suggest that a child/adult's life may be endangered: (e.g., abuse/neglect or that a child/adult presents a danger to themselves/others)

I understand that project staff are available to answer any questions regarding this project, and I have had opportunity to ask questions. Project Staff can be contacted at their Bristol office, 453-3384, or I may contact Project Coordinators Steve Broer or Julie Welkowitz at the University of Vermont's Center for Developmental Disabilities, 656-4031, 449c Waterman Building, Burlington, Vt. 05401. I understand that I may contact Nancy Stalnaker at the University of Vermont (Rowell 231, 656-4067) should I have any questions about my child's rights as a participant in this research project.

I understand that even with my permission, participation will be strictly voluntary throughout the project, and we may withdraw from this project at any time. Such withdrawal will not penalize or prejudice current services for my child and family.

I agree to participate in this project and I acknowledge that I have received a copy of this form.

_____	_____	_____
Signature: Parent/Guardian/ Youth(If over 18 y.o.)	Date	Relationship to Child
_____		_____
Signature of child (If over 12 Y.O.)		Date
_____		
_____		_____
Home Address (Parent)		Telephone
_____		_____
Witness		Date

12/93

Individual Student Referral Form 12/93

Person/Team/Agency Referring: _____

Contact Person: _____

Address: _____

Telephone: _____ **Date:** _____

1. STUDENT INFORMATION

Before completing student information, please be sure to obtain parents' signature on the attached Parent Consent form.

Student's Name: _____
Date of Birth: _____
Residence: _____
_____
Telephone: _____
School: _____
School District: _____
Parents/Guardian: _____

Emotional Disturbance Eligibility:

__ yes __ no 1a. Does the child/adolescent meet Act 264 definition of Severe Emotional Disturbance?

__ yes __ no 1b. Does the child/adolescent meet Vermont's Department of Education's definition of Emotional and Behavioral Disability?

Contact Building Special Educator For Eligibility Information

Other Special Education Eligibility:
Currently on an I.E.P. Yes ____ No____
Handicapping Condition _____

2. Is the child/youth at risk of removal from:

__ yes __ no Home __ yes __ no School __ yes __ no Community

If yes, brief explanation: _____
_____

__ yes __ no 3. Is child/youth returning from a more restrictive placement?

If yes, brief explanation: _____
_____

__ yes __ no 4. Is there history of restrictive placements? (e.g. foster care, group care, residential care, etc.)
If yes, brief explanation: _____

2. REASON FOR INDIVIDUAL STUDENT REFERRAL

I. Please indicate below the reason for this referral and how this team might be of assistance to you.

_____
_____
_____
_____
_____
_____
_____
_____

II. **Goals / Expectations:** The Interagency Support Team is designed to support an individual student planning team working with a student meeting project eligibility criteria. Project staff are prepared to provide consultation/technical assistance in the following areas and plan to offer more support in additional areas as the project develops.

Please Check Support Options You Anticipate for This Referral.

____ **Prevention Referral: (Level I)**

Collaborative Teaming Support
____ 1. Forming an Individual Student Support Team and/or Act 264 Team
____ 2. Identifying Core/Extended Team Members
____ 3. Establishing Team Goals/Norms
____ 4. Improving Team Functioning

Support in Designing a Coordinated School & Community Plan
____ 1. Facilitate Interagency Support
____ 2. Facilitate Greater Communication Among Team Members
____ 3. Facilitate Re-structuring of Current Team
____ 4. Facilitate Development, Implementation & Evaluation of Student Plan

____ **Immediate Need Referral (Level II)**
____ 1. Assess Why Student is Leaving Community
____ 2. Determine IST Role in Maintaining Student in Community
____ 3. Facilitate Supports for Student, Family and Service Providers
____ 4. Support Development of Community Plan

____ **Transition & Reintegration Referral (Level III)**
____ 1. Facilitate Development of Transition Team
____ 2. Utilizing M.A.P.S. Process in Team Setting
____ 3. Technical Assistance in Transition Planning within Community
____ 4. Technical Assistance in Reintegration Planning into Community

3. SERVICE PROVIDER INFORMATION

I. Agency Involvement

Please indicate those involved with this student and family:

____	Parents	____	Mental Health Personnel
____	Administration	____	S.R.S./Social Services Personnel
____	Regular Educators	____	Private Service Provider
____	Special Educator	Other Agency/Support Involvement	
____	Guidance	____	_____
____	Teacher Assistants	____	_____
____	School Nurse	____	_____

If any of these people meet regularly as part of a team for this student, please indicate who by double checking those names.

II. Team Signatures

Not necessary to complete this section if making an immediate need referral. Project staff will coordinate completion of this section as needed.

Team Signatures: For this referral to be processed it is necessary to have signatures from existing team members, the building principal from the referred student's school, and your school or agency's Administrative Team Representative. These signatures are required to insure support from any existing team and prevent fragmentation & duplication of services.

Referring Person/Agency:	_____ Signature/Position	_____ Date
Team Members:	_____ Signature/Position	_____ Date
	_____ Signature/Position	_____ Date
	_____ Signature/Position	_____ Date
	_____ Signature/Position	_____ Date
	_____ Signature/Position	_____ Date
Building Principal:	_____ Signature/Position	_____ Date
Administrative Team Representative:	_____ Signature/Position	_____ Date

If you have any questions regarding the processing of this referral, please call project staff at 453-3384

BEST COPY AVAILABLE

Appendix E

Overview of
Interagency Support Team
Consultation Model

Addison County Community Collaboration Project's
Interagency Support Team
Consultation Model

Steps	Process	Rationale
1. Completion of Referral Form	a. Referral source completes referral packet and sends to project staff/service coordinators. b. Project service coordination. meets with referral source and/or referring team & conjointly referral packet is completed.	a. Referral source has involved all related people in consenting to project services to working collaboratively to prevent out of community placement b. Opportunity to introduce project and gain consensus for project involvement.
2. Fact Finding	a. make contact with referral source to assess their needs b. make contact with any other appropriate team members to assess their needs c. make contact with family to assess their needs	a & b. To provide an opportunity to express needs and fears and build a rapport with project consultants. c. to make sure family's perspective is being considered equally

Steps	Process	Rationale
3. Determination of Eligibility	a. Review fact finding with IST during Team supervision b. Referral source, Family & District Special Education Coordinator. notified of eligibility via phone contact and completed eligibility form.	a. Inform IST of particulars and gain interdisciplinary perspective in determining eligibility b. Clear communication of outcome for eligibility determination, identification of assigned consultants and appropriate recommendations
4. Functional Assessment	a. Determining which components of FA are needed and who to complete with. b. FA completed by time of pre-evaluation (2 week) c. Certain components of the FA (i.e. community network form, interagency information form) can be completed within team meetings as tools for team formation and support plan development	a. FA is a method for gathering vital information across settings that can contribute to objectifying facts and contribute to a successful student support plan. b. FA also assists the determining areas of responsibility and consultation priorities

Steps	Process	Rationale
5. Pre-Evaluation	a. Determining who to complete pre-evaluation measures with. b. Pre-evaluation measures completed within 2 weeks c. Schedule a team meeting for individuals to complete their identified measures.	a. Pre-evaluation measures are necessary for evaluating the impact of the consultation model, outcomes for identified students and teams, systemic issues and community processes for dealing with students with EBD.
6. Develop Service Plan	a. Integrate information from assessment sources, and determine project resources for meeting identified needs. Draft service plan to review with student support team and project team, identifying consultations goals/objectives and time frames b. Review Service Plan with Student Support Team. (Consider reviewing Service Plan on a scheduled basis for teams needing additional clarification). Service Plans can be modified based on developing needs. c. Review Service Plan at end of consultation (USe as a tool for closure with team)	a. Service Plans are implemented as a means of reflecting the needs of the team, prompting clear communication of consultation expectations and outcomes, b. Service Plans are utilized to provide individualized consultation services c. In addition to the consultants role, Service Plans clarify other team participants responsibilities for coordinated service

Steps	Process	Rationale
7. Implement Service Plan	Typical consultation activities across all referrals may include the following: a. Examine Team functioning, examine resources utilization, examine systems issues, communication between home & school, examine support system for child, family and service providers.	To maintain students in their home schools and communities through impact on team functioning.
8. Post Evaluation	a. Certain post evaluation completed by certain people(see other working) Forecast for team (under pre-evaluation, indicate evaluation plan and timelines) Post evaluation completed within 2 weeks of consultation closure.	a. Post evaluation is completed in order to compare and contracts team function, child adjustment, and success of student support plans. Also completed to evaluate impact of consultation, and whether project services have contributed top stabilizing the student in their home, school and community.

Steps	Process	Rationale
9. Qualitative Evaluation	a. Project staff Identify 2 referrals to examine different variables influencing team process and outcomes. b. Project staff conduct semi-structured interviews with all members of identified teams. c. Qualitative information is analyzed to produce descriptive themes and patterns of referrals.	a. The qualitative evaluation is intended to complement the quantitative data by providing more descriptive information that can be used in evaluating project and system processes.
10. Consultation Summary	Upon closure with the team, appropriate follow up activities are identified and negotiated. Follow up activities may include: periodic check-ins with the team, to identify additional resources	to maintain a degree of support and encouragement to maintain an individualized plan of support over time.

Appendix F

Dissemination Products

- Project Brochure
- Sample Newsletter
- Community Needs Assessment
- Conference Proceedings Article

THE PROJECT

The U.S. Department of Education has funded a three year project in Addison County to support the needs of students with emotional and behavioral challenges and their families. This project is a joint effort among the school districts in Addison Northeast, Addison Central and Addison Northwest Supervisory Unions, Addison County Social Services, the Counseling Services of Addison County, and the University Affiliated Program of Vermont, Center for Developmental Disabilities at the University of Vermont. Project staff serve on the Interagency Support Team, representing their agencies as family consultant, education consultant, social services consultant, and mental health consultant. The team's primary goal is to assist families, educators and services providers to maintain children and youth with emotional and behavioral challenges in their homes, schools and communities. The project staff is prepared to provide consultation and training to individual Student Support Teams throughout the county, as well as facilitate a community planning process.

PROJECT STAFF

INTERAGENCY SUPPORT TEAM

- Frank Carruth — *Mental Health Consultant*
- Sandra Latrambonse — *Family Consultant*
- Susan Provost — *Education Consultant*
- Jennifer Price — *Social Services Consultant*
- Steve Broer — *Co Coordinator*
- Julie Welkowitz — *Co Coordinator*
- Wayne Fox — *Director*

ADMINISTRATIVE TEAM

- Diane Treadway
  Addison Northeast Supervisory Union
- John Murphy
  Addison Central Supervisory Union
- JoAn Canning
  Addison Northeast Supervisory Union
- Sue Prager
  Addison County Social Services
- Pat Messerle
  Counseling Services of Addison County

For information contact

Addison County
Community Collaboration Project
RD # 2 -1502
Bristol, Vermont 05443
802-453-3384
or
802-656-4031 (UVM)

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Addison County

Community Collaboration Project

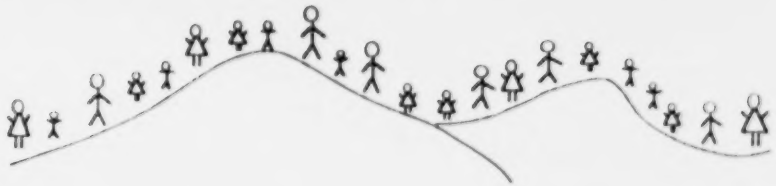
A Collaborative Effort by:
Addison Northeast Supervisory Union
Addison Central Supervisory Union
Addison Northwest Supervisory Union
Addison County Social Services
Counseling Services of Addison County

Administered by:
The University Affiliated Program of Vermont
Center for Developmental Disabilities
University of Vermont

Funded by:
United States Department of Education
Office of Special Education Programs
Washington, D.C.

Interagency Support for Children, Families and Service Providers

THE INTERAGENCY SUPPORT TEAM



The Interagency Support Team (IST) is an interdisciplinary team supported by the project and designed to increase the capacity of families and service providers to maintain students experiencing emotional and behavioral challenges within their homes, schools and communities. The Team utilizes local and state interagency resources to address prevention, intervention and community planning issues. The team consists of:

- One Family Consultant who is a parent of a child who has experienced emotional and behavioral challenges;
- One Education Consultant representing Addison Northwest, Addison Northeast and Addison Central Supervisory Unions;
- One Mental Health consultant representing Counseling Services of Addison County;
- One Social Services consultant representing Addison County District Social Services.

OUR GOALS

- Implement a model for supporting families and service providers to maintain students with emotional and behavioral challenges in their homes, schools and communities.
- Establish an Interagency Support Team of families and agencies most directly involved with students experiencing emotional and behavioral challenges.
- Provide consultation and training to individual Student Support Teams.
- Facilitate a community planning process.
- Evaluate and disseminate project outcomes.

PROJECT OUTCOMES

The Addison County Community Collaboration Project is developing and field testing a model for providing interagency services and coordination to students with emotional and behavioral challenges and their families within local community settings. It is anticipated that project activities will increase the capacity of families and service providers to maintain students with emotional and behavioral challenges in their homes, schools and communities.

The Community Planning Process is expected to objectify the identification of needs that families, students and service providers have in this community as well as develop action plans for addressing identified needs, policies and practices. The Community Planning Process examines broader issues of support for students, families and service providers in Addison County. Community planning involves:

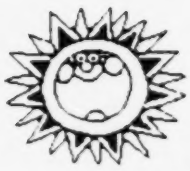
1) a community-wide needs assessment which identifies the needs of students, families and service providers;
2) identifying community resources to meet needs; and
3) facilitating the involvement of Addison county communities in the development of their action plans.

By examining different staffing patterns, promoting a team approach, and maximizing resources across agencies, this project provides an alternative model for communities throughout Vermont to use in designing their own interagency system of support.

The Interagency News

April 1995

Addison County Community Collaboration Project Newsletter



A Day in the Life...

It is early morning and two Interagency Support Team staff from the Addison County Community Collaboration Project are attending a school planning team meeting at one of the area schools. They were called in by a student's planning team which has been meeting around a student with emotional and behavioral problems. The Interagency Support Team has the capacity to identify and share resources across the service system as well as support teams in developing more comprehensive student support plans. This student planning team is made up of the student, his parents, the school's principal, a regular educator, special educator and an instructional assistant. This team meeting is not an emergency meeting but rather a weekly meeting designed to proactively develop and evaluate school and community support plans for this student and his family.

Interagency Planning Teams like this one meet throughout Addison County and Vermont and have gained recognition as an effective structure to develop and evaluate plans and share resources across systems. It is not uncommon in Addison County to have individual teams which consist of parents, educators, mental health and social services professionals.

Today project staff share information about community resources and serve as observers of the team's functioning. They may provide valued support to the team by being able to help them identify strengths in their team process as well as obstacles which interfere with their optimal functioning as a cohesive team. One observation that becomes apparent in today's meeting is the tension between the school staff and this student's parents over the communications log. Communication logs typically involve a notebook passed back and forth between school personnel and parents, and have been found to be effective in maintaining consistent and clear communication between school personnel and families. Oftentimes, even good strategies, such as the use of a communications log, need to be modified to meet individual needs of persons involved.

Because of differing perspectives, priorities and dynamics inherent in groups, working with interagency teams is frequently a challenging task. Project consultants have to earn their credibility with teams through supporting and trying to understand all the different perspectives, priorities and dynamics. Like many teams designed to support students with emotional and behavioral problems, this team has been meeting over the course of two years.

The meeting has just ended and it is now 8:30 am, enough time for the two Interagency Support Team consultants to grab a cup of coffee on their way to their weekly meeting with other project staff. When they arrive at their office they encounter the two other project staff who have also returned from an early morning stude planning team meeting.

The different consultants on the collaboration project, Sandy

continued on page 7

Your Administration Team

Up Close and Personal

In our previous issue, we introduced the Administrative Team, the local advisory body that oversees all of our project activities. This team is critical to the development and implementation of our consultation and training protocols. They are also the folks that we depend on when we need additional assistance in brainstorming around particularly challenging situations. Given their importance to our project and the Addison community at large, we would like to now briefly profile each of them so that you as readers can have a better understanding of your community leaders.

Pat Messerle

Current Position: Acting Children's Coordinator, Counseling Service of Addison County (CSAC), Coordinator of Omnibus (Wraparound program for youth experiencing emotional and behavioral disorders and their families), CSAC.
Achievement(s) I'm proud of: Being invited to join CSAC, Developing the Omnibus program, in collaboration with the supportive environment of CSAC and the community.
Favorite Hobbies: Gardening, outdoor activities, such as skiing, canoeing, taking long walks.
Most Influenced by: My family—they have provided me with an environment to take risks, grow, and be whomever I want to be.
If I could change one thing on a local level, it would be: The impact of covert violence on the development and well-being of our children in Addison County.

Sue Prager

Current Position: District Director, Division of Social Services, Social and Rehabilitation Services (SRS).
Achievement(s) I'm proud of: Committing SRS services at the local level, without additional staff or a mandate from the State Department of SRS, to full participation in ACT 264 interagency treatment teams.
Favorite Hobbies: Skiing, swimming, laps, reading, gardening, collecting Fiesta Ware dishes from the 1950s, cheering for the Lady Cats (UVM women's basketball team).
Most Influenced by: Cheryl Mitchell. Cheryl taught me, by example, that amazing things can be achieved by shared problem-solving. It is powerful, affirming and fun.
If I could change one thing on a local level, it would be: More joint funding of training opportunities.

Diane Treadway

Current Position: Special Education Administrator, Addison Northeast Supervisory Union.
Achievement(s) I'm proud of: The special education staff in this district—a seasoned, caring staff—everybody from the support staff up through the professionals, administrators, and a superintendent who cares about kids.
Favorite Hobbies: Raising sheep, arts & crafts.
Most Influenced by: Educationally, Mary Hogan.
If I could change one thing on a local level, it would be: Increasing the skills of the people to communicate, from community parents to staff to other professionals; to be able to really listen to each other and focus on what's best for kids—we sometimes lose sight of that when we lose communication.

John Everitt

Current Position: Director of Instructional Support Services, Addison Northwest Supervisory Union.
Achievement(s) I'm proud of: My relationship with my children and my wife, particular successes that I've had with individual children, ranging from one student who was not considering doing anything in math and science to making efforts in these subjects when I was a math teacher, to kids that have graduated who might not have otherwise graduated.
Favorite Hobbies: Computer work, developing data management systems, coaching (5th-6th grade girls in Middlebury) and watching basketball, surfing the NET.
Most Influenced by: A river guide when I was an apprentice river guide in Colorado and Wyoming. He told me I was a "natural teacher," at a time in my life when I was not planning on being a teacher. He also helped me to stop and look around me, rather than just rushing through.
If I could change one thing on a local level, it would be: To have more Early Childhood services and activities in the community, including day care, more formal pre-school, and more organized activities.

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Looking at Our Community Needs

A community needs assessment was conducted as one of this project's community planning activities. The assessment was an attempt to survey a wide range of community members in order to identify the strengths and gaps in the community's existing ability to meet the needs of its youth. Specifically, those who were surveyed included children, adolescents, parents, educators, service providers, and members of the business community. Information was collected through the completion of written surveys, focus forums, (used with children and adolescents), and interviews (with a select group of parents). Although many of the questions were specific to working with children with emotional and behavioral disorders, the assessment was also developed to reflect the needs of all children within the community. As a result of this, community planning process needs and concerns were identified. See boxes for lists of the most common needs that were generated by the survey.

As a result of the findings from the Community Needs Assessment, project staff and its administrative advisory team organized a local conference to create an opportunity for dialogue among community members and service providers. This conference was held at Middlebury High School on October 20th and entitled, "Children who are Emotionally Challenged: Building New Visions for Interagency Collaboration." As a means to address some training issues identified in the Needs Assessment, this conference involved a morning panel presentation of state and local representatives to update participants on new initiatives and discuss local issues in supporting children, youth and families. The afternoon involved a dialogue among participants, concerning needs identified from the Community Needs Assessment.

While copies of the Community Needs Assessment were distributed across the county, it is possible that we did not reach all those who might be interested. If you are interested in a copy please contact the Addison County Collaboration Project at 453-3384.

Sandy Laframboise

Emotional Support

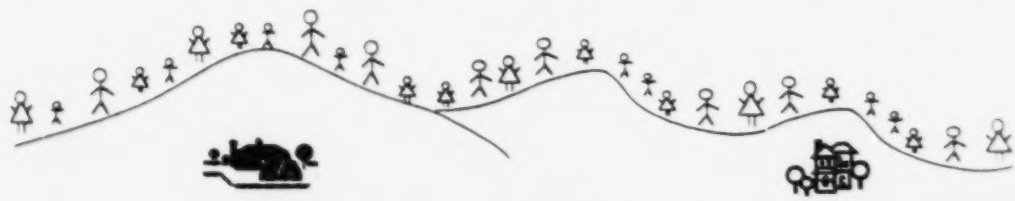
- Good listeners
- Support groups
- More interagency collaboration
- Improved home-school collaboration
- Community support

Training

- Parenting classes
- Information on child behavioral disorders
- Behavior management techniques
- Community education

Resources

- Financial
- Flexible funding
- Respite
- Child care
- Transportation
- Recreational
- Resources list
- Vocational training



one is supposed to be doing. Also, when we revisit students after a few weeks or months, we can go back and say: these are the decision that we made, what actually happened and where do we go from here? The other thing I find important about the document is that we all have restrictions, whether it be money or rules or regulations, and again, it gives us a forum to question some of the decisions that happen, whether they're decisions because that's the way it always has been or is it what's best for the student, what's best for the family. I think having the document in the process keeps us a little more honest in terms of focusing back on the needs of the student and family, and document that, even though the reality is we can't always do it.

SP: Act 264 provides the opportunity to include parents and service providers as equal partners in the student planning process, and a way of looking at the needs of families and students. Act 264 also provides the opportunity for more concrete planning while holding ourselves and each other accountable. We are able to keep families intact and prevent out of district placements by utilizing the 264 process.

PM: I think for me Act 264 broadens the scope of the problem, the traditional focal areas of an IEP. For me, Act 264 addresses life domains, and if it's done right I think it can be a much more holistic approach. It's also much less threatening to professionals and families alike, I think, because the only mandate is a coordinated service plan. We're not asking people to spend money. A lot of people come in willing to do that kind of thing but there are no mandates that are going to say that this is going to cost you a certain amount of money. I also think that it brings people to the table to discuss things in a much less threatening way, and people are more willing to be more broad-minded about what they're saying.

Pat, I'm going to ask you a follow-up to that which is, if I were to play devil's advocate, a lot of people would say, "Haven't we always done collaboration and haven't we always done it well in Addison County?" How is the Act 264 process any better or any different than what we've always done?

PM: I think that's a good point. I think that we have always been very good at collaborating, but again, it tends to be the same people who are representing the same agencies. Act 264 gives us the opportunity to expand our horizons and the number of professionals that are involved in the Act 264 process. I think it also gives classroom teachers the opportunity to see that Act 264 can support them in their effort to keep a child experiencing emotional problems in the classroom and that the sole responsibility will not lie with the classroom teacher; that it will be a team approach with other people supporting them, and they will be much more likely to take the risk and try doing something like that.

How would you describe the experience so far of implementing Act 264 in our county?

JM: Well, it's been a difficult transition from the communication network that we had, which was informal, to a more formal structure. There were no resources allocated to help with the implementation, and so it increased the number of meetings, the contacts, trying to get SRS, Mental Health, all of us to a meeting without any additional support to do that. Staff is tight and time is really tight, so it's been a struggle to find times when you can do that, get people together, have your meeting and then continue providing the services. That's been real difficult but I think people felt that it's important enough that they've made the time and they've made the effort, but it's still frustrating.

So it's a mandate in a sense, but it doesn't really have any money to allow the process to . . . . .

JM: You're right, or the support, the recognition that people's time is valuable and important and you add something like this on, it's a struggle to juggle and balance and do what's needed.

SP: By using the 264 process in Addison County we have been able to progressively institutionalize interagency collaborative teaming as a common practice, as people have been able to see the benefits to it, they are increasingly willing to try it.

PM: I think for the people that have been doing it, as I said before, on a regular basis, they know the value of Act 264 and they know that it brings everyone to the table and it gives us the opportunity to not only solve maybe the immediate problem, but also gives us the opportunity to see what may be coming down the road. It lets all agencies know where some proactive work may need to occur. The real difficulty is in the numbers, trying to get the numbers of people that work in Addison County familiar with Act 264 and willing to take that risk and be able to get a team together and develop a coordinated service plan.

What would most improve our use of the Act 264 process and the impact of this process for children in Addison County?

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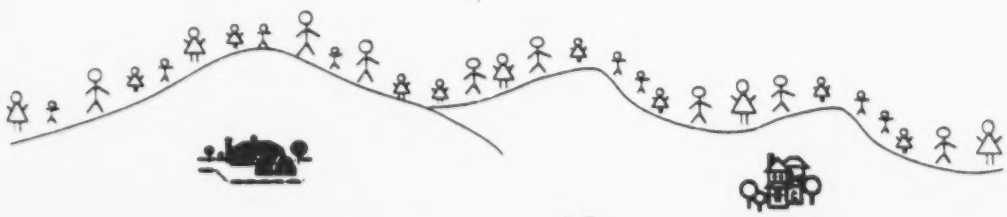

ACT 264 – A Local Look

One of the activities of the Addison Collaboration Project has been to assist families, agencies and schools within Addison County with the implementation of Vermont's ACT 264. Here, we briefly describe ACT 264 and then provide some local perspectives on the experience of implementing its mandate.

ACT 264 was passed by the Vermont Legislature in 1988. It is a law that impacts the delivery of services to children and adolescents on a number of levels. First, this piece of legislation created an interagency definition of severe emotional disturbance (SED). This definition is somewhat more broad-based than the special education criteria for emotional and behavioral disorder (EBD). Thus, a youth does *not* need to be in the Special Education system in order to receive services that are specific to ACT 264.

Second, ACT 264 mandates that the primary agencies involved with children and families experiencing SED (i.e., Education, Mental Health, Social and Rehabilitation Services) work together to develop a coordinated service plan for youth with SED. It also encourages shared interagency budgeting and service development. Each of the twelve Social Service districts within Vermont have a Local Interagency Team (LIT) composed of representatives from the agencies listed above (as well as other local child-related organizations) and at least one parent of a child experiencing SED. The LIT [illegible] for individual [illegible] that are [illegible] developing [illegible] coordinated service [illegible] State Interagency Team [illegible] SED in Vermont [illegible] State level representatives from the Agency of Human Services, the Department of Mental Health and Mental Retardation, Social and Rehabilitation Services, the Department of Education, and a parent of a child or adolescent experiencing a severe emotional disturbance. Local Interagency Teams generally make referrals to the SIT when they are having difficulty implementing a coordinated service plan because of a lack of available services, policy obstacles, and/or lack of funds. An additional tier created by ACT 264 is a Governor Appointed Advisory Board, composed of parents, advocates, and representatives of various child and family agencies. A major function of this Board is to make recommendations regarding a Statewide System of Care Plan for children and adolescents experiencing SED and their families.

Following is an interview with three members of Addison County's Local Interagency Team regarding their experiences in implementing ACT 264 on a local level. The interviewees are **Pat Messerle**, Coordinator of Omnibus at the Counseling Center of Addison County (CSAC), **John Murphy**, Special Education Coordinator for Addison Central Supervisory Union, and **Sue Prager**, District Director, Division of Social Services, Social and Rehabilitation Services (SRS).

Why is the Act 264 Coordinated Service Plan process important, particularly in Addison County where we already frequently collaborate around the needs of children? Isn't it in some ways asking us to redo what we already do (via Individual Education Plans (IEPs) or other processes)?

JM: What the process does for us is it allows us to put some of the thoughts we have and the decisions that we have in writing so that we have a written document we can reference, especially as children move from school to school or district to district. It's nice to have a piece of paper that you can reference to see what every-

The Football Team by Stanley Lunn

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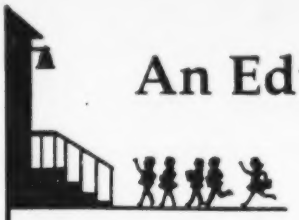
John Murphy

Current Position: Director of Special Education, Addison Central Supervisory Union.
Achievement(s) I'm proud of: Working with a quality group of professionals both in school and in the community who are committed to helping children.
Favorite Hobbies: Coaching ice hockey, baseball, soccer, working on our house, hiking, biking.
Most influenced by: Jean Garvin, former State Director of Special Education.
If I could change one thing on a local level, it would be: To continue to break down the barriers of communication between the school, social service agencies, and families.

As you can now gather, each of these individuals provides unique experiences and plays an instrumental role within the community. For all their help during the past three years, the Addison Collaboration Project extends a heartfelt thanks.

——— *Julie Welkowitz*



An Educator's Reflection

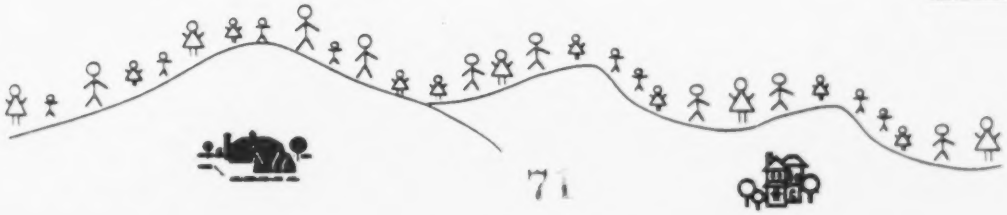
In the past three years I have been a part of the Addison County Community Collaboration Project. My involvement with the Collaboration Project has been an exciting and reflective time for me. We have consulted on many referrals centered around the needs of children experiencing emotional and behavioral problems. As part of the assessment process, project staff have explored systems issues that may affect the child's success in a particular setting. By broadening the focus from the individual child, to the system as a whole, I have clearly seen the need for supporting the educators, family members, and other providers working with children and youth.

As an educator, observing the system that I am most closely affiliated with, I have recognized that in our efforts to be child-centered, we sometimes neglect the needs of others within the child's support network.

Participating on interagency teams has provided me with the opportunity to observe how other systems deal with the issue of providing support to staff members. One process that is frequently used by Mental Health and Social Services to help staff deal with stress is the provision of supervision. Based on my experiences within the educational system, I had come to associate supervision primarily with evaluation, a process that created much anxiety for me. However, through my interagency work I realize that supervision can also be a time to support staff by helping to develop strategies to support the child, as well as identifying individual staff support needs (i.e., looking at the impact of caseloads on the individual workers, re-evaluating staff roles, identifying training needs, providing an opportunity to vent, recognizing how one's own issues are affecting support approaches). Within our own team process as consultants, we rely on a peer supervision format to discuss referrals. Although I was initially apprehensive to participate, I slowly discovered that this process was a means of support that I had access to on a weekly basis. Peer supervision gave me the opportunity to discuss my concerns, to brainstorm possible solutions, and to minister to the self that so often gets sidelined because of the pressing issues generated by difficult caseloads. I now recognize the potential of supervision, not only as an evaluation tool, but as a means of strengthening and supporting the person too often forgotten in an educator's day to day routine–the self.

As an educator on an interagency consultation team over the past three years, I feel that I have provided my peers with valuable insight into the intricacies of the educational system. My tenure within schools has left me with considerable experience of working in teams, understanding the morass of paperwork that special educators must deal with, developing individual student plans, and many other critical survival skills. At the same time, my colleagues from other agencies and backgrounds have offered me a reflective look at the need to take care of ourselves, if we are to be effective with the students that we work with.

——— *Susan Provost*



Resources

Family Focus Line

This is a central resource, accessible to families and providers by phone to provide support, information and referral services. All county families with young children can use Family Focus for any concern they may have. Answering the phone lines are staff who are family-centered in their philosophy and actions, knowledgeable about child development, parenting concerns, and activities and resources in the county:

388-1437 or
1-800-639-1577

Family, Infant and Toddler Project

This is a collaborative, multi-agency project which provides family-centered early intervention services for children birth to age three. Call for information, questions, or referrals:

388-1437 or
1-800-639-1577

A Day in the Life...

continued from page 1

Laframboise (Family Consultant), Susan Provost (Education Consultant), Frank Carruth (Mental Health Consultant), and Jenny Prue (Social Services Consultant), engage in some small talk before starting peer supervision. This is a time when active referrals are reviewed and staff share their differing perspectives based on their disciplines and experience. On this particular day, Sandy is able to sensitize the team to the obstacles that parents may face as they try to have an equal say in a their child's planning. She also offers project staff critical information about respite services. Sue provides valuable direction regarding educational procedures on one of the student referrals discussed. Frank discusses dynamics of an individual student's team that he has been asked to address. Jenny indicates her concern regarding safety issues around a child and emphasizes the need for a preventative message and use of respite to decrease stress in one family.

The team is also experimenting with different kinds of strategies in their supervision structure with the hopes of applying them to future consultations. Today, the team is applying a specific model derived from Narrative Family Therapy, which emphasizes strengths, explores exceptions to the rule (when are things going right?) and encourages a collaborative non-blaming process.

Following peer supervision, there is a discussion of task assignments, project goals, and other administrative and management related issues. The collaborative nature of the project management provides staff with further opportunity to practice and refine their collaborative teaming skills.

Lunch time has come and some project staff stick around to heat up some of their homemade food in the microwave and coordinate with other project staff around referrals and upcoming trainings they are planning. Other project staff are off to do a home visit and gather assessment information with some parents who have recently been referred to the project. Later, phone calls are made to respective agency administrators to explore resource options to support individual students and families.

For the last two and half years this small group of individuals has been developing and field testing the interagency consultation model described anecdotally above. If you would like assistance working with a student experiencing an emotional or behavioral disturbance, need general help regarding teaming or other related issues, or would like further information about the Addison County Community Collaboration Project, please contact project staff at 453-3384 in New Haven.

Steve Broer

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continued from page 5

JM: We need to continue to use the process and work with it, and I think revisit it, and I know I've now been in enough meetings to know that our forms need to be revised, the way we've structured them I don't think always provides the information we're looking for. So I think going back and looking at the type of questions we ask and how we write down things would be really helpful to us. So we intend to be using the process itself to refine it to get more that we're looking for.

SP: Currently, Act 264 is not used as consistently throughout the county as it could be. All systems (SRS, Education, and Mental Health) have to see the benefits to Act 264 and experience the impact it has on involved students and families.

PM: Again, I'd have to say the education of all people in Mental Health, Social Services, and Education. A lot of people still do not understand Act 264, a lot of people still believe that it's an entitlement program and that dollars go to fund the coordinated service plan. That's not the case and I think that a lot of people are not really clear on what the law says and even that it's a law at all. I think that if people became more familiar with it and had better education then they'd be a lot more likely to call a meeting and to put together an Act 264 plan. I just wanted to add something else. There are myths about the process: that the student has to be Medicaid eligible, that the student has to meet Special Education criteria; and that there has to be really stringent criteria met before you can call an Act 264 meeting. All of these are not true. I think clarification of what Act 264 is and the criteria for starting the process are areas for broad range education in our county.

Interviewers Frank Carruth and Jennifer Prue

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A Collaborative Effort by
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